

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	100/02510 (4020/2)
Patent Number	7,155,344 B1
Issue Date	2006-12-26
First Named Inventor	J. WALLACE PARCE
Group Art Unit	2857
Examiner	TSAI, CAROL S. W.

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Certificate of Correction Form
<input type="checkbox"/> Information Disclosure Statement by Applicant	<input checked="" type="checkbox"/> Request for Certificate of Correction	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>03-0177</u> (CALIPER LIFE SCIENCES, INC.). A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.135(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>03-0177</u> (CALIPER LIFE SCIENCES, INC.). A duplicate copy of this sheet is enclosed.	

## CALCULATION OF FEE

				Small Entity		Large Entity	
	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total	Minus			x \$26=	0	x \$52=	
Indep.	Minus			x \$110=	0	x \$220=	
First Presentation of Multiple Dep. Claim				+ \$195=	---	+ \$390=	
				total add'l fee	\$ 0	total add'l fee	\$ 0

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/	Date:	JANUARY 7, 2009

## CERTIFICATE OF ELECTRONIC SUBMISSION

I hereby certify that this correspondence is being submitted electronically to the U.S. Patent and Trademark Office on this date:		JANUARY 7, 2009
Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date: JANUARY 7, 2009